FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					\$ 710
TOTAL CLAIMS	39	- 20 =	19	x 18 =	\$ 342
INDEPENDENT CLAIMS	3	- 3 =	0	x 80 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED				+ 270	\$0
•				TOTAL	\$ 1052

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed.

Roland R. Schindler, II/prk Telephone: (716) 588-2736 Facsimile: (716) 477-1148

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Attorney for Applicants Registration No. 40,802